



Metro Animal Services Cat and Kitten Adoption Survey

AID# _____

Kennel# _____

Why are you adopting a cat at this time? _____

Tell us about you:

Name: _____ Home Phone: (_____) _____

Address: _____ Alternate Phone: (_____) _____

City: _____ St _____ Zip _____ Have you ever adopted from MAS? ☐ Yes ☐ No
If yes, when? _____

Email: _____

Do you wish to receive our e-newsletter? ☐ Yes ☐ No

Tell us about your household:

Describe your household: _____

Does anyone in your household have allergies? ☐ Yes ☐ No

Have all members of your household discussed the option of a pet? ☐ Yes ☐ No

Tell us about your pets from the past 5 years:

Type of Pet	Breed / Age	Spayed/ Neutered?	Where is/was the pet kept?	What happened to the pet if not owned anymore?
<input type="checkbox"/> Cat <input type="checkbox"/> Dog		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Cat <input type="checkbox"/> Dog		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Cat <input type="checkbox"/> Dog		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Cat <input type="checkbox"/> Dog		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Current Veterinarian: _____ Location: _____

At night? _____

Where will the cat stay: When you are at work? _____

When you are out of town or during an emergency? _____

If you move, what will you do with your cat? _____

Will the cat be allowed outdoors? ____ Yes ____ No How will you control your pet while outdoors? _____

How did you hear about us? ____ Metro Website ____ PetFinder ____ TV/ Radio ____ Walk-in ____ Friend ____ Other

Signature _____ Date _____

____ Approved ____ Denied* ____ Pending By: _____ Date: _____

Comments: _____

***Denied applicants have the right to appeal adoption decisions to the Animal Care Manager.**

Congratulations! We are ready to complete the adoption process. Please carefully read the information below and initial and sign where indicated.

Placement Agreement

Please initial every statement below if you agree:

- _____ I realize that owning a companion animal has legal, moral, and financial responsibilities and I am willing to accept these responsibilities.
- _____ I understand that I and any other caregiver of the animal must comply with the Metro Animal Ordinance and State law at all times.
- _____ I understand that it is a violation of this agreement to transfer this animal to any other party without MAS agreement and transfer.
- _____ I relieve Metro Animal Services of any responsibility for the health of, or damages caused by this animal in the past, present and future. **I hereby accept this animal AS IS and assume all responsibility and risks associated with owning this animal including, but not limited to: bites and other behaviors; medical and surgical conditions; medication, drugs and professional services to treat or cure any disease, medical and surgical conditions; animal injuries; genetic defects and hereditary conditions.**

By signing this document I understand and I am agreeing to comply with all stipulations contained in the Placement Agreement and Adoption Waiver. I certify that the information I have provided in this application is truthful and complete:

Print Name: _____

Driver License #: _____ State: _____ DOB: ____/____/____

Signature: _____ Date: _____

Adoption Waiver

These are your rights under Chapter 91 of the Louisville Metro Code of Ordinance

If you purchase any puppy, dog, kitten or cat and:

Within thirty (30) days after such purchase, the animal is certified by a veterinarian as having been unfit for purchase because it suffers from, or dies as a result of, a disease or parasitic condition, or;

Within one (1) year of the date of purchase, the animal is certified by a veterinarian as suffering any congenital or hereditary condition;

Then you have the right to return the animal to the seller within seventy-two (72) hours of the veterinary certification and receive a full refund or exchange of equal value, or you may keep the animal and attempt to cure the condition. You may recover certain qualified veterinary fees up to the purchase price of the animal.

I understand that by signing this waiver, I waive these rights, because I am paying for the services provided to the pet while it was sheltered, and not for the actual pet, which has no actual exchange value. **I assume all responsibility for this animal.**

Print name: _____

Signature: _____ Date: _____

Would you be willing to make a donation toward providing care for our animals?

☐ Yes ☐ No **Amount:** _____